COTA For older Australians
COTA AUSTRALIA
Suite 9, 16 National Circuit
Barton ACT 2600
P: (02) 6154 9740
www.cota.org.au
E: cota@cota.org.au
ABN 35 118 911 541

11 September 2020

Mr Peter Gray QC
Senior Counsel Assisting
Royal Commission into Aged Care Safety and Quality

via email: peter.gray@royalcommission.gov.au
Cc: ACRCsolicitor@royalcommission.gov.au

Dear Peter,

Re: Counsel Assisting's Draft Outline of Proposed New Service Arrangements for Aged Care in the Community and Home.

Thank you for the opportunity to comment on RCD.9999.0474.0004, the 21 August 2020 draft of *Counsel Assisting's Outline of Proposed New Service Arrangements for Aged Care in the Community and Home*. We also would like to take the opportunity to comment on one aspect of the discussion during the Home Care hearing, while we await your finalised submission to the Royal Commissioners on the issues of Home Care.

As you know COTA Australia strongly supports an aged care system that better serves the needs of older people who need it in ways which enhance their dignity, independence and capacities.

Comments on draft outline for service arrangements

- Provision for an **independent case manager** would allow for it to be regulated that different service providers will be responsible for *the services they each deliver*, while ensuring that a single person is accountable for the holistic outcomes for the client who has chosen to engage them. Based on engagement with consumers our estimate is that about 60% of people may elect their case manager to be from the same organisation as their service provider (bundling it together). But the system should be designed to permit the other 40% who prefer to choose an independent case manager from specialist organisations in their field. COTA considers this like building a brick wall. The Case/Care manager is the mortar that sits between the bricks and holds the wall together. The bricks are the individual services being provided. Some people will choose bricks of the same colour, others will choose patterns of alternating bricks, some will choose mainly one colour but with an occasional variation in their pattern. Throughout all this the mortar is consistent and makes the wall strong.
- To that end, we were pleased to see that the updated outline of service arrangements refers to "care coordination" under the Care at Home stream. We support this label. However, we do not support the proposal that a service under only one stream of funding should be responsible for coordination of all aged care services the older person accesses. **We urge the Royal Commission to recommend the provision and funding of independent case management as a fifth pillar of service delivery.**

- By independently funding Case / Care Management, structurally separated from the delivery of care, we believe the system will be given a stronger structural pillar that will help balance the appropriate or inappropriate behaviour of service providers. Additionally, doing so would enable people who may only require respite care, or only require assistive technology or home modifications, or in the early stages of accessing the system only require social supports, to access this support. Finally, we submit that such Care/Case Management services would more readily integrate with Care Finder functions, following an independent needs assessment by a public service agency.

- We note Counsel's reference under Care Finders to the COTA-led 30 organisation consortium currently trialling different models under the Aged Care System Navigators Measure. We understand the Commission has received the independent interim report of the Evaluators and **we would be happy to discuss with Counsel our observations about Navigation** if it would be of assistance. At the broadest level, we would not make the distinction between information provision and general support compared with individualised services of a more intense and skilled nature. The importance of non-"professional roles" in the provision of information cannot be underestimated. The use of organisations which may not have experience in aged care but have a strong relationship with hard-to-access populations, can provide a critical "community connectors" function in those populations initial interactions with the system. Similarly, the role of Volunteers in providing personal stories, or share their own experiences, as a way to break down the initial psychological hesitancy of people fearful of losing independence by accessing "aged care" supports can play an important role.

- We particularly **appreciate the recommendation for dedicated funding of assistive technology and home modifications**, not only to fund community and care at home solutions, but also to assist in changing the culture of residential care towards greater emphasis on enablement and wellbeing.

- We support the principles outlined under "Much needed changes in culture". We **submit that a fifth principle should be** around self-determination, self-management and focusing on the "doing with" not "doing for". This could be worded as "**people are active decision makers regarding their care and services within their capacities**". We note however that these "changes in culture" principles which we support, appear to be inconsistent with the Home Care Proposition of shifting to a "shared management' approach, which we do not support.

- As previously mentioned in our response to the Home Care Propositions, we are concerned about elements of some propositions that appear to seek to reduce consumer autonomy, choice and control. **We strenuously oppose the proposal to shift the principles and emphasis of consumer directed care away from self-management to "shared management".** Consumers are the experts in their own life, and many are capable and eager to take a role in managing their own care as they have done throughout their lives, including with the assistance of an independent Case Manager working in their interest, not the provider's. Even in the current context of consumer directed care being the official policy setting we still see a power imbalance where many if not most service providers act in their own interests rather than the consumer's. Diminishing the emphasis on and value of self-management and replacing this with a default "shared management" model perpetuates and indeed reinforces this power imbalance. Many providers have demonstrated that they are not able to see the

consumer and their families as a partner in care. If a consumer wants "shared management" that's fine, if that is their choice.

- **One of the most significant drivers of inappropriate admissions to residential aged care from home care is the structural barrier to going from hospital to home care, combined with the bias to discharge from hospital to residential care as the default.** The barriers are twofold:
    - Firstly, current rules do not allow a home care assessment to occur in the hospital. We urge the Royal Commission to ensure its report clearly outlines a pathway from hospital to care at home supports. Such support could be on a temporary 6-12 week basis while an assessment in the home was to occur.
    - Secondly the current 'Transition Care' program cannot be accessed without the approval of the hospital's medical professional. COTA is often contacted by consumer families who want to 'bring dad home' but can't because the Doctor believes they should be in residential care, and thus will not approve Transition Care solutions. Coupled with the above lack of pathways to care at home services, the families often report feeling bullied into a pathway not of their or the consumer's choosing.
    - Combined with the above structural barriers is the culture in hospital based ACATs, which are creatures of state and territory health departments, to move people out of hospital to residential care because that is the fastest way to get them out of the hospital, where they are regarded as "bed blockers". COTA believes that discharge from an acute hospital episode should only be to home, or if inappropriate, to Transition Care, where full recovery can occur and a considered long term assessment can be made at a time most appropriate for the well-being of the person, not the hospital and state health department.

Balancing system reputational risk with consumer choice and control

On 2 September at the conclusion of Professor Low, Dr Laragy and Ms Emerson's presentation, Commissioner Briggs discussed issues which we have paraphrased and summarised as how to best balance:

- Ensuring taxpayer funds are used for actual needs for care, with clearer accountability
- Ensuring that the reputation of the care at home system is not tarnished by inappropriate expenditure by an individual consumer or provider
- Improving the delivery of nursing care and allied healthcare within a care at home system while also improving the older person's wellbeing and quality of life
- Ensuring consumer choice and control over their lives and what happens to them / for them / with them within the care at home program

COTA Australia submits that this it is entirely reasonable and practicable to achieve the above four objectives in harmony and makes the following observations:

- **Clear responsibilities for the provision of health services in the community will need to be articulated** by the Royal Commission. Is it the role of the Commonwealth funded Aged Care system to provide access to health services in the community, or is it the role of state funded community health programs? At what point does an older Australian have access to one, or the

other? Does an older Australians lose their right to equitably access health services in the usual way of all other Australians because there are additional services available in the 'care at home' program? Would they in practice have their prioritisation diminished in the current population-wide health-based systems? Would the achievement of access to allied health in particular be better achieved through the current allied health system, with the ACRC recommending an increase to the number of available allied health appointments funded under the MBS scheme?

- COTA notes that the starting point for many older Australians seeking 'aged care services' is often a desire to improve or maintain one's quality of life and wellbeing. These **lower intensity, non-medical services are critical for sustaining independence** and thus delaying the need for more expensive, more intensive aged care services. While supportive of improved access to allied health and nursing, we urge caution to ensure it does not come at the expense of early intervention and prevention services currently commonly delivered through today's CHSP program.

- In our opinion, a significant cause of inappropriate purchases has stemmed from a lack of clear and consistent guidance to the home care sector, which has been ill equipped at training front line staff to demonstrate appropriate purchases and without the necessary oversight to prevent inappropriate competitive behaviours. COTA staunchly **opposes the creation of a "list of approved purchases"** as this would limit innovation and could not deliver a person-centred solution in every situation. We do, however, support three measures that we feel could assist in achieving these outcomes:

    - **An exclusions list** – while there is currently a short list of exclusions in law, a more expansive list of exclusions should be agreed and provided by the regulator based on the cases they have identified. The removal of any 'guidelines' or 'manual' with such information for much of the Home Care Package program, may have, on reflection, contributed to a lack of common operational practice, while being motivated by a desire to discourage "cookie cutter' approaches to support and care and encourage an openness to innovation and responsiveness to individual needs. We would suggest that while exclusions should be definitive in most contexts that there should be a process for exemptions based on unique needs (e.g. the purchase of a TV for most people would be inappropriate but may be appropriate in rare circumstances because it alone will achieve a quality outcome.

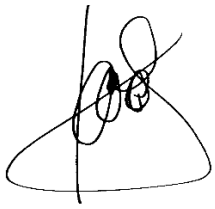
    - **Promoting the outcomes of cases** on which the regulator has ruled would also develop a community of practice by care at home providers. Such outcomes should include deidentified situations reviewed during compliance checks, inquiries and complaint management. Such transparency and promotion of outcomes will also help instil confidence in the Australian public that operational level oversight is occurring. The outcomes should also provide full information on the context, and the rationale for the outcome, as critical pieces of information for promoting continuous learning and improvement, and providing for an understanding of exemptions (as referred above) in exceptional circumstances due to the particular context.

    - COTA Australia's proposal that **Case/Care Management should be independent of service providers** will remove the issue of self-interested behaviour in a competitive environment. This is because there will be no financial incentive for the person

approving or recommending purchases. COTA also notes the Commission's envisaged assessment processes will also help to address a higher level of scrutiny of an individual's unique needs.

Thank you for the opportunity to consider these important matters and your consideration of our views. We would be happy to discuss them.

Yours sincerely



Ian Yates AM
Chief Executive